

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1811
Registrar's No. 41

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County. BUCHANAN.
(b) City or town. ST-JOSEPH.
(c) Name of hospital or institution: 1520 NORTH 15TH.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 15 YRS.
(Specify whether
In this community. 15 YRS.
years, months or days)

3. (a) PRINT FULL NAME LULIA-MARY-LEAMON.

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife De Witt 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased. June 7 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Iowa.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name unk. Cousins

13. Birthplace unk unk
(City, town, or county) (State or foreign country)

14. Maiden name unk unk

15. Birthplace unk unk
(City, town, or county) (State or foreign country)

16. (a) Informant De Witt & Leamon

(b) Address St Joseph Mo

17. (a) burial (b) Date thereof Jan 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial Oakland Cem.

18. (a) Signature of funeral director Ray Stanley

(b) Address St Joseph Mo

19. (a) Jan 13, 1941 (b) D. Mestel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUCHANAN
(c) City or town ST-JOSEPH.
(If outside city or town limits, write "RURAL")
(d) Street No. 1520 NORTH 15
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 11
year 1941 hour 6:35 minute A. M.

21. I hereby certify that I attended the deceased from Jan 8
1941, to Jan 11 1941
that I last saw him alive on Jan 9
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio Vascular
disease with
myocardial infarction +
degeneration
Due to myocardial infarction +
degeneration
Due to myocardial infarction +
degeneration

Other conditions myocardial infarction +
(Include pregnancy within 3 months of death)

Major findings: Of operations myocardial infarction +
Of autopsy myocardial infarction +

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 85

(b) Date of occurrence 1

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury myocardial infarction +

23. Signature M. Mestel (M. D. or other) MD

Address 620 Francis ST. JOSEPH Date signed 1-11-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____
Jan 11, 1941
working under my personal supervision.

Signed

Licensed Embalmer No. 4050

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.